

 TRANSMITTAL FORM <small>Use for all correspondence after initial filing)</small>	Application Number	10/695,194
	Filing Date	10/28/03
	First Named Inventor	Hochstrasser
	Group Art Unit	1645
	Examiner Name	To Be Assigned
Total Number of Pages in This Submission	Attorney Docket Number	36054-PCT-USA-A 072824.01

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Preliminary Amendment, Return receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks <input type="checkbox"/>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112
Signature	<i>Carmella L. Stephens</i> Att Name: Carmella L. Stephens PTO Reg: 41,328
Date	July 27, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date: July 27, 2004	
Typed or printed name	Carmella L. Stephens
Signature	<i>Carmella L. Stephens</i> Date July 27, 2004

Title: DIAGNOSTIC METHOD FOR TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHIES

Use Space Below for Additional Information:

BAKER BOTTS LLP

FEE TRANSMITTAL

JUL 30 2004

Effective 10/1/2003. Patent fees are subject to annual revision.

Trademark claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$0)

Complete if Known

Application Number 10/695,194
Filing Date 10/28/03
First Named Inventor Hochstrasser
Examiner Name To Be Assigned
Art Unit 1645
Attorney Docket No. 36054-PCT-USA-A 072824.01

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number
Deposit Account Name

02-4377

Baker Botts LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee required under 37CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims - 20 = X = Fee Paid
Independent Claims - 3 = X = Fee Paid
Multiple Dependent X = Fee Paid

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	65	Surcharge - late filing fee or oath	
1052 50	25	Surcharge - late provisional filing fee or cover sheet	
1053 130	130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$0)

SUBMITTED BY

Name (Print/Type) Carmella L. Stephens
Signature Carmella L. Stephens

Registration No. (Attorney/Agent) 41,328

(Complete if applicable)

Telephone 212-408-2500

Date July 27, 2004



17w

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s) : Hochstrasser et al.
Serial No. : 10/695,194
For : DIAGNOSTIC METHOD FOR TRANSMISSIBLE SPONGIFORM
ENCEPHALOPATHIES
Filed : October 28, 2003
Examiner : To be assigned
Art Unit : 1645

PRELIMINARY AMENDMENT

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.

July 27, 2004
Date of Deposit

Carmella L Stephens
Attorney Name

Carmella L. Stephens
Signature

41,328
Registration No.

July 27, 2004
Date of Signature

Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

Sir:

Preliminary to the examination of the present application, please make the following amendments.

Amendments to the Specification begin at page 2 of this paper.

A listing of the claims begins at page 3 of this paper.